

Small Purchase Card Program
Annual Multiple Card Cardholder Certification

MEMORANDUM

TO: Charge Card Administration
Department of Accounts

FROM: _____, SPCC Program Administrator

Agency: _____

Agency Number: _____

SUBJECT: **Annual Multiple Cards Cardholder Certification**

I certify that I have reviewed all staff who hold more than one SPCC to ensure that the sum of all the transaction limits is not greater than \$5,000 and the sum of all credit limits is not greater than \$100,000. Also, I have reviewed all the multiple cards to ensure that each card is needed and for valid reasons. I agree to maintain the documentation to support the need for the multiple cards.

Signed by the SPCC Card Program Administrator:

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Please fax completed form to:

Attention: Charge Card Administration Team at (804) 786-9201